Recipient Committee Cover Page Cover Page	Type or print in ink	ink. CALIFORNIA FORM	460
Government Code Sections 84200-84216.5)	Statement covers period from07/01/2006	Date of election if applicable:  (Month, Day, Year)  OCT 0 5 2066  Page 1 of 2.C	of 20
SEE INSTRUCTIONS ON REVERSE	through 09/30/2006	11/07/2006 City Clerk	
I. Type of Recipient Committee: All Committees - Complete Parts 1, 2,	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
ommittee 🔲	Primarily Formed Ballot Measure Committee	☑ Preelection Statement     ☐ Quarterly Statement     ☐ Special Odd Your Bonnet	
	Controlled Sponsored	☐ Termination Statement ☐ Supplemental Preelection  (Also file a Form 410 Termination)  Statement - Attach Form 495	95
General Purnose Committee	(Also Complete Part 6)		
Sponsored     Small Contributor Committee     Delitical Barty/Central Committee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		
3. Committee Information	I.D. NUMBER	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1441003	NAME OF TREASURER	
Alice Patino for City Council		Tom Martinez MAILING ADDRESS	
STREET ADDRESS (NO P.O. BOX)		2450 Professional Pkwy, Suite 220 CITY STATE ZIP CODE AREA	AREA CODE/PHONE
2450 Professional Pkwy, Suite 220 CITY STATE ZIP CODE	ODE AREA CODE/PHONE	Santa Maria, CA 93455  NAME OF ASSISTANT TREASURER, IF ANY	805-346-8407
Santa Maria, CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	805-346-8407 BOX	Trent Benedetti MAILING ADDRESS	
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	2151 S College Drive, Suite 101 CHTY STATE ZIP CODE AREA	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Santa Maria, Ca 93455 805- OPTIONAL: FAX / E-MAIL ADDRESS	805-922-4881
I. Verification  I have used all reasonable diligence in preparing and reviewing this statement and to the best of my leader penalty of perjury under the laws of the State of California that the foregoing is true and correct the secured on $10.3\cdot0$ .  By	ig this statement and to the best of my kno is that the foregoing is true and correct.	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under the laws of the State of California that the foregoing is true and correct.    10.3.05    By	te. I certify
Executed on 10-5-06	By Signature of Con	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	
Executed on	Ву		

Executed on _	Executed on .	Executed on.	Executed on.
∩ah	Date	10-5-06 Date	(0.3.0) Date

Ву	Ву	By Signature of C	By
Signalure of Controlling Officetolder Candidate State Measure Proponent	Signature of Controlling Officeholder, Candidate, State Measure Proponent	onirolling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Signature of Treasurer or Addishmit Treasurer

FPPC Form 450 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

	Attach continuation sheets if necessary	າ continuation sl	Attach	ZIP CODE AREA CODE/PHONE	STATE Z	СІТҮ
(				о. вох)	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE?  YES NO		NAME OF TREASURER
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	i. NOMBER		COMMITTEE WANTE
SUPPORT	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE	ZIP CODE AREA CODE/PHONE	STATE Z	CITY
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
names of t.	Ider Committee List	idate/Officeho	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
	•			I.D. NUMBER		COMMITTEE NAME
ANY	DISTRICT NO. IF ANY		OFFICE SOUGHT OR HELD	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are p contributions or make expenditures on behalf of your candidacy.	Related Committee not included in this state contributions or make ex
	VENT	LDER, CANDIDATE, OR PROPONENT	NAME OF OFFICEHOLDER, CANDI			
oponent, if any.	ıte, or state measure pro	eholder, candida	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ET) CITY STATE ZIP Santa Maria, CA 93455	AND STREE	RESIDENTIAL/BUSINESS ADDRESS (NO. 2450 Professional Pkwy, Suite
SUPPORT OPPOSE	000	JURISDICTION	BALLOT NO. OR LETTER	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria	(INCLUDE LOCATION AND DIS	OFFICE SOUGHT OR HELD City Council Member City of Santa Maria
						Alice Patino
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	nmittee	Measure Con	6. Primarily Formed Ballot Measure Committee	nmittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Car

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

from\_ through \_ Statement covers period 07/01/2006 09/30/2006 Page 3 I.D. NUMBER 1227669 FORM 460 SUMMARY PAGE of 20

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)		19. Outstanding Debts Add Line 2+Line 9 in Column B above \$ 0.00
	from Lines 2, 7, and 9 (if any).	Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse \$0.00
	for this calendar year, only carry over the amounts	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$0.00
	subtracted from previous period amounts. If this is	ment, Line 16 must be zero.
	report Some amounts in Column A may be negative figures that should be	15. Cash Payments
*Amounts in this section may be different from amounts reported in Column B.		Increases to Cash
	To calculate Column B, add amounts in Column A to the	12. Beginning Cash Balance
₩		Current Cash Statement
\$	\$ 6,431.72	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)	0.00	10. Nonmonetary Adjustment
Date of Election Total to Date	0.00	9. Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	\$ 6,431.72	8. SUBTOTAL CASH PAYMENTS
Candidates	9 0.00	ade Schedule E, Line 4 \$ 6,431.
Expenditure Limit Summary for State		xpenditures Made
Made	\$ 17,313.00	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4 \$ 17,313.00
Expenditures	0.00 21.	4. Nonmonetary Contributions Schedule C, Line 3
20. Contributions \$ \$	\$ 17,313.00 20	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ 17,313.00
17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	0.00	2. Loans Received Schedule B, Line 3 0.00
1/1 through 6/30 7/1 to Date	\$ 17,313.00	1. Monetary Contributions Schedule A, Line 3 \$ 17,313.00
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B Calendar Year TOTALTODATE CALENDAR YEAR TOTALTODATE	Contributions Received  TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)
1227669		Alice Patino for City Council

### Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary (	Monetary Contributions Received	6	to whole dollars.	from 07/01/2006		CALIFORNIA FORM	<b>460</b>
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 09/30/2006		Page 4	<b>of</b> 20
WAME OF FILER Alice Patino	for City Council				J.D	I.D. NUMBER 1227669	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
08/10/2006	Dolores Greenwald	ZIND	Retired	100.00	100.00	00 G 06	100.00
	879 Mc Cloud Street	OTH					
	Santa Maria, CA 93455	□scc	٠				
08/10/2006	Joni Gray for Supervisor (#981991)	□ IND		1,200.00	1,200.00	00 G 06	1,200.00
	2151 S College Drive, Suite 101	OTH					
	Santa Maria, CA 93455	□scc					
08/10/2006	James La Loggia	XIND	Construction	500.00	500.00	00 G 06	500.00
	500 N Via Firenze Court		Recon Meat Inc				
	Arroyo Grande, CA 93420	□PTY					
09/05/2006	Burt Fugate	ND	Real Estate	500.00	500.00	00 G 06	500.00
	215 Rancho Road						
	Nipomo, CA 93444	□SCC	pare regard, Mearcon				
09/05/2006	James Glines	X IND	Banker	100.00	100.00	00 G 06	100.00
	Senoa Way		Community Bank of Santa				
	Santa Maria, CA 93455	SCC					
			SUBTOTAL\$	2,400.00		) )	

### **Schedule A Summary**

- Amount received this period itemized monetary contributions.
- (Include all Schedule A subtotals.) .....
- Total monetary contributions received this period.

2. Amount received this period – unitemized monetary contributions of less than \$100 ......

(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee IND – Individual
COM – Recipient Committee \*Contributor Codes

15,549.00 1,764.00

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

17,313.00

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM SCHEDULE A (CONT.)

from\_ through 09/30/2006 07/01/2006 Page\_ I.D. NUMBER տ 9 20

Alice Patino	Patino for City Council				122	1227669	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERE TO	PER ELECTION TO DATE (IF REQUIRED)
09/05/2006	Robert Simas	ND	Mortgage Lender	100.00	100.00	G 06	100.00
	902 Beth Court	HIO	Windle Oak Mostage				
	Santa Maria, CA 93454	SCC	STREET CASE NOT GARACTE				
09/07/2006	Susan Chapman	NO NO	Retired	100.00	100.00	G 06	100.00
	175 Tepusquet Road	HTO					
	Santa Maria, Ca 93454	SCC					
09/07/2006	Tony Cossa	NIND	Insurance Broker	100.00	100.00	G 06	100.00
	1525 E Main Street	HTO					
	Santa Maria, CA 93454	SCC	Broker				
09/07/2006	James Diani		Contractor	250.00	250.00	Q 06	250.00
	1320 Foxenwood Drive	HTO	מינים				
	Santa Maria, CA 93455	SCC					
09/07/2006	Ann Foxworthy	NIND	Retired	100.00	100.00	G 06	100.00
	1595 N Refugio Road	HTO					
	Santa Ynez, CA 93460	SCC					
			\$ SUBTOTAL	650.00			

\*Contributor Codes

Alice Patino for City Council

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

from\_ through \_09/30/2006 Statement covers period 07/01/2006 CALIFORNIA FORM Page\_ I.D. NUMBER 1227669 SCHEDULE A (CONT.) 9 460 20

PULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR   CONTRIBUTOR   CONTRIBUTOR   CONTRIBUTOR   CODE *   CONTRIBUTOR   CODE *			950.00	SUBTOTAL\$			
FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE * CODE *				,	SCC	CA	
FULL NAME: STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE TRIBUTOR)  PRINCIPLE ASSESSMENT AND ZIP CODE OF CONTRIBUTOR (CODE ** COUPATION AND EMPICYER (CODE **)    F AN INDIVIDUAL ENTER CAMOUNT CODE OF CONTRIBUTOR (CODE **)   F AN INDIVIDUAL ENTER COOR (CALENDAR YEAR COOPE **)   F AN INDIVIDUAL ENTER COOPE CONTRIBUTOR (CODE **)   F AN INDIVIDUAL ENTER COOPE				Union Asphalt	HIO	4680 Santa Maria Mesa Road	
FULL NAME: STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE TYPE (PERBUTOR))  ONTRIBUTOR (CODE TYPE (PERBUTOR))  DOE Hagerman (117 East Morrison Santa Maria, Ca 93454  George Hamill (COM) Sonta Maria, CA 93455  Andy Harmreck (Assa Road Santa Maria, CA 93454  Milliam Heres (PIND) Santa Maria, CA 93454  Santa Maria, CA 93454  Santa Maria, CA 93454  Santa Maria, CA 93454  Milliam CECH (COM) Santa Maria, CA 93454  Santa Maria, CA 93454  Milliam CECH (COM) Santa Maria, CA 93455  Milliam CECH (COM) Santa Maria, CA 93454  Milliam CECH (COM) Santa Maria, CA 93455  Milliam CECH		_	250.00	Construction	NIND	Randy Hermreck	09/07/2006
FULL NAME: STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE TIES)    CONTRIBUTOR (CODE TIES)   CONTRIBUTOR (CODE TIES)   CONTRIBUTOR (CODE TIES)   COUNTRIBUTOR (CODE TIES)   COUNTRIBUTOR (COUNTRIBUTOR CODE TIES)   COUNTRIBUTOR (COUNTRIBUTOR COUNTRIBUTOR COUNTRIBUTOR COUNTRIBUTOR COUNTRIBUTOR (COUNTRIBUTOR COUNTRIBUTOR COUNTRIBUT					SCC	Ca	
FULL NAME, STREET ADDRESS AND ZIP COORTRIBUTOR  COORTRIBUT					OTH	9145 McClelland Street	
FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CONTRIBUTOR (CODE *))  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP COMPLET CODE (CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE (STREET)  CAMBULATIVE CALENDARY EAR CODE (IF RECUIT CODE *)  CALENDARY EAR COLUMN (IF RECUIT CODE *)  PULL NAME. STREET ADDRESS AND ZIP CODE (IF RECUIT CODE *)  CALENDARY EAR COLUMN (IF RECUIT CODE *)  CALENDARY EA			100.00	Retired	ND	William Heres	09/07/2006
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PROMMITTEE ALSO EMPERID, NUMBER)  CODE **  CODE				Charter Sing Parent C	SCC	C <sub>A</sub>	
FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CONTRIBUTOR (FCOMMITTEE ALSO ENTERLD.NUMBER))  JOE Hagerman  JOE Hagerman  JOE Hagerman  JOE Hagerman  Santa Maria, Ca 93454  George Hamill  Santa Maria, CA 93455  Andy Harmreck  Andy Harmreck  JOH  STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUT				Thion Asphalt	HTO		
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (PCOMMITTEE ALSO ENTERLD, NUMBERS)  JOE Hagerman  JOE Hagerman  JOE Hagerman  JOE Hagerman  Santa Maria, CA 93455  George Hamill  Santa Maria, CA 93455  GONTRIBUTOR CONTRIBUTOR CON			250.00	Paver	DNI	Andy Harmreck	09/07/2006
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CONTRIBUTOR (CODE * CONTRIBUTOR (CODE * CONTRIBUTOR (CODE * CODE * CODE * CODE * COCCUPATION AND EMPLOYER (PERIOD THIS COCCUPATION AND EMPLOYER PERIOD (PERIOD THIS COMPTION AND EMPLOYER PERIOD (JAN. 1-DEC. 31))  JOSE Hagerman  JOTH  Santa Maria, Ca 93454  George Hamill  George Hamill  JOTH  JOTH  JOHN  COMTRIBUTOR (PERICET ADDOVER COUNTRIBUTOR COCCUPATION AND EMPLOYER PERIOD (JAN. 1-DEC. 31))  JOSE * CODE * COUNTRIBUTOR COUNTRIBUTOR COCCUPATION AND EMPLOYER PERIOD (JAN. 1-DEC. 31))  JOTH  JOH  JO			-	OTTOTI US PRIGHT	SCC	CA	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOMMITTEE ALSO ENTERID.NUMBER)  JOSE Hagerman 117 East Morrison Santa Maria, Ca 93454  George Hamill  George Hamill  George Hamill  George Hamill  GODE SUFFEMPLOYER (PRIDUAL, ENTER AMOUNT CALENDARY FEAR (IF RECEIVED THIS OCCUPATION AND EMPLOYER PERIOD CALENDAR YEAR (IF REQUIR OF BUSINESS))  SIND 10 Fetired 10 OTH 10				Inion Ambalt	HIO	5980 Oakhill Drive	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE OF CONTRIBUTOR (FOMMITTEE ALSO ENTER I.D. NUMBER)  JOE Hagerman 117 East Morrison Santa Maria, Ca 93454  CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CODE * CODE			250.00	Contractor			09/07/2006
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOMMITTEE ALSO ENTER LD. NUMBER)  JOE Hagerman  117 East Morrison    FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOMTRIBUTOR CODE *					SCC	Ca	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER LD. NUMBER)  Joe Hagerman  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR CODE * COLPATION AND EMPLOYER OCCUPATION AND EMPLOYER ENTER NAME PERIOD (JAN. 1 - DEC. 31)  JOE Hagerman					HIOTH	117 East Morrison	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FOOMMITTEE ALSO ENTER LD. NUMBER)  FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CONTRIBUTOR OCCUPATION AND EMPLOYER OF BUSINESS)  IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE OCCUPATION AND EMPLOYER PERIOD (JAN. 1 - DEC. 31)			100.00	Retired	COM		09/07/2006
	PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DATE RECEIVED

\*Contributor Codes

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

Monetary	Wonetary Contributions Received	to whole dollars.	ollars.	Statement covers period		Ā	460
				from 07/01/2006	06	TOXIS	
				through 09/30/2006	06 Page.	ge 7 of 20	0
NAME OF FILER					1.0.	I.D. NUMBER	
Alice Patino	for City Council				12	1227669	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)	ON ON
09/07/2006	Janice Hoffman	Z ND	Retired	100.00	100.00	G 06	100.00
	414 St Andrews Way	HTO					
	Santa Maria, CA 93455	□SCC					
09/07/2006	Home Motors			500.00	500.00	G 06	500.00
	1313 E Main Street	HTO					
	Santa Maria, Ca 93454	SCC					
09/07/2006	James Kelly	X ND	Real Estate Developemtn	100.00	100.00	G 06	100.00
	1157 E Clarke Ave, Ste G	HTO	Dart Josop Derre Jorment				
	Santa Maria, CA 93455	SCC					
09/07/2006	Jerry Luis	ND	Retired	100.00	100.00	G 06	100.00
	430 St Andrews Way	HEO					
	Santa Maria, CA 93455	□SCC					
09/07/2006	Eloy Renfrow	ONIND N	Auto Dealer	250.00	250.00	G 06	250.00
	1035 East Battles Road	HEO C	Santa Maria Ford				
	Santa Maria, Ca 93454	SCC					
			\$ SUBTOTAL	1,050.00			

IND-Individual

COM-Recipient Committee
(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY-Political Party

SCC-Small Contributor Committee

\*Contributor Codes

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	ollars	Statement covers period		CALIFORNIA	200
				from 07/01/2006	106	FORM	100
				through_09/30/2006	Page.	ge8 of.	20
NAME OF FILER					I.D.	I.D. NUMBER	
Alice Patino	for City Council				1:	1227669	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
09/07/2006	Ron Root	NON NON	President	250.00	250.00	00 06	250.00
	2431 Wedgewood Drive	HIO					
	Santa Maria, CA 93455	□ SCC	UIION ASPHAIC				
09/07/2006	Manfred Sander	SOM	Rancher	100.00	100.00	00 06	100.00
	2820 E Clark Ave	HIO	Manfred Cander Danier				
	Santa Maria, CA 93455	□SCC					
09/07/2006	C. Kent Stephens	ND	Attorney	100.00	100.00	00 G 06	100.00
	505 South McClelland Street,		Law Offices of C. Kent				
	Santa Maria, Ca 93455	SCC					
09/07/2006	TRI W Enterprises			1,000.00	1,000.00	00 6 06	1,000.00
	2236 S BROADWAY STE R	HTO					
	Santa Maria, CA 93455	SCC					
09/07/2006	Leo Trujillo	NIND	City Councilperson	500.00	500.00	00 G 06	500.00
	2436 Ridgemark Drive		City of Santa Maria				
	Santa Maria, CA 93455	SCC					
			\$UBTOTAL	1,950.00			

\*Contributor Codes

Type or print in ink.
Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	be rounded	Statement covers period		CALIFORNIA 160	80
				from 07/01/2006		FORM	8
				through 09/30/2006	06 Page	9 <b>of</b>	20
NAME OF FILER					I.D	I.D. NUMBER	
Alice Patino	for City Council				1:	1227669	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	rion E RED)
09/07/2006	Joseph Wickham	ZIND	Owner	100.00	100.00	G 06	100.00
	1328 Charlotte Drive	HTO	5				
	Santa Maria, Ca 93454	SCC					
09/07/2006	Joe Will	NO D	Contractor	250.00	250.00	G 06	250.00
	2184 Arrowhead Drive		Union Asphalt				
	Santa Maria, CA 93455	SCC	·				
09/07/2006	Steve Will	IND ND	Contractor	500.00	500.00	G 06	500.00
	2849 Lorencita Drive	HTO	Inion Asphalt				
	Santa Maria, CA 93455	SCC	OHENE PRINCES				
09/14/2006	Henri Ardantz	NO	Owner	200.00	200.00	G 06	200.00
	2222 Arrowhead Drive	HTO	Ronita Dacking Co				
	Santa Maria, CA 93455	SCC					
09/14/2006	Barbara Beck	NIND NIND	Retired	100.00	100.00	G 06	100.00
	781 Via Vista Verde	I I C					
	Santa Maria, CA 93455	SCC					
			SUBTOTAL \$	1,150.00			

\*Contributor Codes

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	Amounts may be rounded to whole dollars.	De roulided	Statement covers period		CALIFORNIA AR
				from 07/01/2006		FORM
				through _09/30/2006	Page	ge 10 of 20
NAME OF FILER					1.0.	I.D. NUMBER
Alice Patino	for City Council				12	1227669
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE GALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)
09/14/2006	Lawnae Hunter	ZOM ND	Real Estate	499.00	499.00	00 G 06 499.00
	124 E Camino Colegio	HTO	Tools Histor Boolton			
	Santa Maria, CA 93454	SCC	Pacific number, vebricor			
09/14/2006	Marcia Ibsen	NO D	Dentist	100.00	100.00	00 G 06 100.00
	1571 E Main Street	HTO	Robert Theen, DDS			
	Santa Maria, CA 93454	SCC				
09/14/2006	Joe Centeno for Supervisor (#1238073)			500.00	500.00	00 300.00
	403 St Andrews Way	HTO				
	Santa Maria, CA 93455	SCC				
09/14/2006	Dale Johnson		Food Manager	100.00	100.00	00 G 06 100.00
	1302 W Stowell	HTO	Girefresh Droding			
	Santa Maria, Ca 93458	□PTY □SCC	THE COLL P. L. COURCE			
09/14/2006	Michael Moats	NIND	Physician	100.00	100.00	00   G 06 100.00
	525 East Plaza Drive, Suite 200		Michael Moats, M.D.			
	Santa Maria, CA 93454	Scc				
			SUBTOTAL\$	1,299.00		STATE OF THE STATE

\*Contributor Codes

Type or print in ink.
Amounts may be rounded to whole dollars.

from\_

Statement covers period 07/01/2006

CALIFORNIA

SCHEDULE A (CONT.)

FORM

Alice Patino for NAME OF FILER 09/19/2006 09/15/2006 09/14/2006 09/14/2006 09/14/2006 DATE RECEIVED Gary Grossman Mark J Smith Connie Centeno Quigley C-4 Investments Santa Maria, Santa Maria, 519 W Taylor Street #350 Ted Scott Santa Maria, 218 Carmen Lane Suite 2601 Skyway Drive 1136 W McCoy Lane Satna Maria, Santa Maria, 403 St. Andrews Way FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER) City Council Ca Ca G CA CA 93455 93458 93455 93455 93455 211 CONTRIBUTOR CODE \* □□⊠□COM PTY SCC SCC SCC SCC PTH OTH SCC SSC ALA CON MIND CON PTY COM PTY D □scc Mark J Smith, General Building Contractor Retired Developer Contractor Retired Inland Pacific Builders IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) SUBTOTAL \$ through 09/30/2006 AMOUNT RECEIVED THIS PERIOD 550.00 100.00 100.00 200.00 100.00 50.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31) 100.00 100.00 100.00 100.00 400.00 Page\_ I.D. NUMBER 1227669 G 06 G 06 G 06 G 06 G 06 11 PER ELECTION
TO DATE
(IF REQUIRED) <u>Q</u>, 20 100.00 400.00 100.00 100.00 100.00

\*Contributor Codes

IND-Individual

COM-Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Monetary	Molletary Collinguitoris Received	to whole dollars.	lollars.	oranement covers period		CALIFORNIA	460
				면 면	Page	e 12 of	20
NAME OF FILER					I.D. N	I.D. NUMBER	
Alice Patino	for City Council				122	1227669	,
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
09/19/2006	C-4 Investments			200.00	400.00	G 06	400.00
	218 Carmen Lane Suite 211	HION					
	Santa Maria, Ca 93455	SCC					
09/19/2006	Lincoln Club of Santa Barbara			100.00	100.00	G 06	100.00
	1830 Eucalyptus Hill Road	HION					
	Santa Barbara, Ca 93130	SCC					
09/19/2006	Edward Murray	I X IND	Wealth Advisor	100.00	100.00	9 0 6	100.00
	1234 Estes	HTO	Morgan Gtapley				
	Santa Maria, Ca 93456	SCC	norgan peantel				
09/19/2006	Olivera Investment Co			100.00	100.00	9 06	100.00
	724 E Main Street	HLO					
	Santa Maria, CA 93454	SCC					
09/19/2006	Toyota of Santa Maria			500.00	500.00	06	500.00
	700 East Betteravia	E E					
	Santa Maria, CA 93456	SCC					
			\$UBTOTAL	1,000.00			

\*Contributor Codes

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

from

07/01/2006

Statement covers period

CALIFORNIA

460

SCHEDULE A (CONT.)

FORM

through 09/30/2006

Page

13

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20

I.D. NUMBER

09/22/2006 09/22/2006 09/22/2006 Alice Patino for City Council 09/22/2006 09/19/2006 RECEIVED DATE Santa Maria Valley Republicans (#1229864) Santa Maria, OSR Enterprises, Santa Maria, Dennis Bethel & Associates Sandra Brown Randy Wheeler Santa Maria, 2151 S College Drive, Suite 101 1910 E Stowell Road 2624 Airpark Drive Santa Maria, 831 E Paden Street Seal Beach, 3010 Old Ranch Parkway FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) B S CA B G Inc 90740 93455 93454 93455 93454 CONTRIBUTOR
CODE \* SCC SCC OTH SCC PT OTH MOOD NO SCC Real Santa Barbara County Sheriff's Dept Senior Deputy Randy Wheeler, Realtor IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Estate SUBTOTAL \$ AMOUNT RECEIVED THIS PERIOD 2,200.00 1,000.00 500.00 400.00 200.00 100.00 CALENDAR YEAR (JAN. 1 - DEC. 31) 1,000.00 400.00 500.00 200.00 100.00 1227669 G 06 G 06 G 06 G 06 G 06 PER ELECTION TO DATE (IF REQUIRED) 1,000.00 400.00 500.00 100.00 200.00

\*Contributor Codes

IND-Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE A (CONT.)

CALIFORNIA

		1,200.00	SUBTOTAL\$			
906 500.00	500.00	500.00		SCC SCC	Martin Farrell Homes, Inc 330 E Canon Peridod, No. F Santa Barbara, CA 93101	09/30/2006
G 06 100.00	100.00	100.00	Owner Santa Maria Prop	SCC SCC	Blanche Hollingsead 560 Easy Street Arroyo Grande, CA 93420	09/30/2006
G 06 400.00	400.00	400.00	Carpet Sales Ronald Ferrari, Salesman	□ SCC	Ronald Ferrari 1825 Cambridge Way Santa Maria, CA 93454	09/30/2006
G 06 100.00	100.00	100.00	Retired	SCC SIND	Joan Duane 506 Boscoe Ct. Santa Maria, CA 93454	09/30/2006
G 06 200.00	200.00	100.00	Retired	SCC	Kathryn Williams 153 Naomi Pismo Beach, CA 93449	09/22/2006
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT C RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DATE
MBER 669	I.D. NUMBER 1227669				o for City Council	NAME OF FILER Alice Patino
FORM 20	Pag	from 07/01/2006 through 09/30/2006				

\*Contributor Codes

Type or print in ink.

Amounts may be rounded

SCHEDULE A (CONT.)

Wolletary	VIOLETALY COLUMNIA MOLES RECEIVED	to whole dollars.	foliars.	Statement covers period		CALIFORNIA	460
				through_09/30/2006		Page 15	of20
NAME OF FILER					l.D	I.D. NUMBER	
Alice Patino	for City Council				1	1227669	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)		PER ELECTION TO DATE (IF REQUIRED)
09/30/2006	Isamu Minami	NIND	Farmer	100.00	100.00	00 G 06	100.00
	4365 Ashley Place	HTO					
	Santa Maria, CA 93455	□ SCC	Isamu Minami, Farmer				
09/30/2006	Ted Scott	ND	Retired	50.00	100.00	00 G 06	100.00
	519 W Taylor Street #350	HTO					
	Satna Maria, CA 93458	SCC					
09/30/2006	Ronald Thatcher	ND	Stockbroker	100.00	100.00	00 G 06	100.00
	5855 Impala Trail	HTO					
	Santa Maria, CA 93455	□ PTY	Services				
09/30/2006	The HMW Group, LTD, LLC			500.00	500.00	00 G 06	500.00
	221 Town Center West #261	HTO					
	Santa Maria, CA 93458	SCC					
09/30/2006	Steven Watts	MIND	Owner	100.00	100.00	00 ਰ 06	100.00
	142 Town Center East	HE	Santa Maria Town Center				
	Santa Maria, CA 93454	SCC					
			SUBTOTAL \$	850.00			

\*Contributor Codes

NAME OF FILER

Alice Patino for City Council

Type or print in ink.

Amounts may be rounded to whole dollars.

from through 09/30/2006 Statement covers period 07/01/2006 CALIFORNIA FORM Page I.D. NUMBER 1227669 SCHEDULE A (CONT.) 16 잌 20

					09/30/2006			09/30/2006			09/30/2006	DATE RECEIVED
			Solvang, CA 93463	1675 Kronen Way	Wyman Winn	Solvang, CA 93643	1675 Kronen Way	Linda Williams	Pismo Beach, CA 93449	153 Naomi	Kathryn Williams	FULL NAME, STREET ADDRESS AND ZIP GODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
	OTH SCC	OTH SCC	SCC	HIO	NO D	SCC		ND	SCC	HIO	SOM	CONTRIBUTOR CODE *
SUBTOTAL\$			DIOCETONISTE / TIME	は	VP	narroa narrol	Canta Barbara County	Admin. Sec.			Retired	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
300.00					100.00			100.00			100.00	AMOUNT RECEIVED THIS PERIOD
					100.00			100.00			200.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
					G 06			G 06			G 06	PER ELECTION TO DATE (IF REQUIRED)
					100.00			100.00			200.00	ED)

\*Contributor Codes

#### Schedule E Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

	through	from	State
	09/30/2006	07/01/2006	Statement covers period
I.D. NUMBER	Page 17 of	FORM	CALIFORNIA

		from 07/01/2006	
SEE INSTRUCTIONS ON REVERSE		through 09/30/2006	Page17 of20
NAME OF FILER Alice Patino for City Council			I.D. NUMBER 1227669
<b>DES:</b> If one of the following codes accurately describes the pa	ou may enter the code.	Otherwise, describe the payment.	6 n
campaign paraphernalia/misc.  Signification (explain nonmonetary)*  Civic donations:  Civic donations:	member communications meetings and appearances office expenses petition inculating		osts  Social Costs
candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings PHO PRT	phone banks polling and survey research polling end survey research postage, delivery and messenger services professional services (legal, accounting) print ads	TRC TRS TSF VOT WEB	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Santa Maria	FIL		1,200.00
110 E. Cook Street			
Santa Maria CA 93454			
Cops Voter Guide	LIT		302.00
705-2 E. Bidwell St., #158			
Folsom CA 95630			
Benedetti & Associates, CPA, Inc	PRO		135.50
2151 S College Drive, Suite 101			
Santa Maria CA 93455			
Payments that are contributions or independent expenditures must also be summarized on Schedule	arized on Schedule D.	BUS	SUBTOTAL\$ 1,637.50
Schedule E Summary  1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$ 6,431.72
2. Unitemized payments made this period of under \$100			\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column (e).)		\$ 0.00
4. Total payments made this period, (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	he Summarv Page. Coli	umn A. Line 6.)	L \$ 6,431.72

### SCHEDULE E (CONT.)

#### Payments Made (Continuation Sheet) Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period 09/30/2006 07/01/2006 CALIFORNIA I.D. NUMBER Page\_ FORM 18 of. 20

through\_

from

Alice Patino for City Council			1227669	
DES: If one of the following codes accurately describes the	ou may ent	- ". II	n onete	
campaign paraphernalia/misc.  campaign consultants  contribution (explain nonmonetary)*  Civic donations  MBR  MTG  OFC  OFC	member communications meetings and appearances office expenses petition circulating	RAD RFD SAL TEL	costs duction costs	
candidate filing/ballot fees fundraising events POL independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings PRO PRT	phone banks polling and survey research postage, delivery and mess professional services (legal, print ads	TRC TRS enger services TSF VOT accounting) WEB	nd meals and meals s of the same	candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
California Voter Guide				
1954 W Carson Street #B	LIT			450.00
Torrance CA 90501				
VTC Enterrpises				
2445 'A' Street	LIT			593.88
Santa Maria CA 934556				
Democtratic Voters Choice				
340 N Myers Street	LIT			350.00
Burbank CA 91506				
Graphic Systems				
403 North G Street				571.12
Lompoc CA 93436	Ç			
Sign Shoppe	CMP			350 19
4011 Sara Court			-	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
Santa Maria CA 93455				
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule D.	Su	SUBTOTAL \$	2,315.19

#### Schedule E Payments Made (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Alice Patino for City Council

SCHEDULE E (CONT.)

ly describes the payment, you may enter the code. Otherwise, describe the payment				to whole dollars.	Type or print in ink. Amounts may be rounded
erwise, describe the payment			through 09/30/2006	from 07/01/2006	Statement covers period
t.	1227669	I.D. NUMBER	Page 19 of 2.0	FORM	CALIFORNIA ASO

	SURTOTAL \$	5		*Towns to the form of the first
		- 1		
				Solvang CA 93463
1,868.00			RAD	1693 Mission Drive
				Knight Broadcasting
0 F F				Solvang CA 93643
611 03	rts	Reimbursements		Linda Williams 1675 Kronen Way
AMOUNT PAID	DESCRIPTION OF PAYMENT	- Q	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
candidate/sponso	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	e c	payment, you may enter the coordinations meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service professional services (legal, accounting print ads	CODES: If one of the following codes accurately describes the CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate fling/ballot fees FIL candida

### Schedule G Payments Made by an Agent or Independent

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE NAME OF AGENT OR INDEPENDENT CONTRACTOR Contractor (on Behalf of This Committee) Alice Patino for City Council Linda Williams from\_ through\_ Statement covers period 09/30/2006 07/01/2006 Page\_ FORM 460 I.D. NUMBER 1227669 20 9, 20

Attach additional information on appropriately labeled continuation sheets.		Santa Maria CA 934556	5 'A' Street	VTC Enterrpises	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)  CODE OR DESCRIPTION OF PAYMENT	CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  CVC civic donations  CVC civic donations  FIL candidate filing/ballot fees  FIL v. or cable airline at TEC candidate travel, lodging and survey research  FIC pobling and survey research  FIC polling and survey and messenger services  FIC professional services (legal, accounting)  FIC campaign literature and mailings  *Payments that are contributions or independent expenditures must also be summarized on Schedule D.
TOTAL* \$ 515.87				515.87	ON OF PAYMENT AMOUNT PAID	

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.